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			CATIO	N FEE DETE ute for Form P1	RMI	NATIC			amation unies		tays a valid OMB o cation or Docket N		]
	A	ED - PART I	dumn 2	2)		SMALL ENTITY			OTHER THAN SMALL ENTITY				
FOR NUM			BER FILED	NUMBER EXTRA				RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	1
	SIC FEE OFR 1.18(8), (b), or (	(c))					1			1			1
SE/ (37 (	VRCH FEE OFR 1.16(4), (1), or (1						1						1
EX/	VMINATION FEE OFR 1.16(0), (p), or (	(p))								]			].
TOTAL CLAIMS (37 CFR 1.18(1))			minus 2	0 = •				x2500=		OR	x50 50=		1
INDEPENDENT CLAIMS (37 CFR 1.18(h))		IMS	minus 3					x 100.00 =			x 200, (?)=		1
API	LICATION SIZE	sheets o is \$250 ( additional	If the specification and drawings exceed sheets of paper, the application size feets \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18			o due See							
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(I))							180.00			360.00		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		1	
	APPL	ICATION AS	AMEND	ED – PART II						0	OTHER	THAN	
		(Calumn 1)		(Column 2)	(Col	umn 3)		SMALL E	NTITY	OR	SMALL		1
H A	110/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		ESENT CTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
<b>AMENDMENT</b>	76tzi G7 CFR 1.16(1)	· 19	Minus	٠ م	-			x35:00 =		<b>O</b> R	x 50. 07=		1
2	Independent (37 CFR 1.160())	· 3	Minus	3	• .			x /o2. (5) =		OR	x 200, C-1	/	ſ
Ž	Application Size Fee (37 CFR 1.16(s))												1
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(jj))							180.00		OR	360,00		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Col	ແກນາ 3)							]
AMENDMENT B	1/32/67	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT CTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.16(7))	.20	Minus	<b>-20</b>	a			Х. =		_OR	X		L
2	Independent (37 CFR 1.1504))	• (३	Minus	". A				× =		OR	×		H
AME	Application Size Fee (37 CFR 1.16(s))									· · ·			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(I))									<b>O</b> R			一
								TOTAL ADD'LPEE		OR	TOTAL ADD'L FEE		L
				in column 2, write									1
		iumber Previously		IN THIS SPACE IN THIS SPACE I									

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.